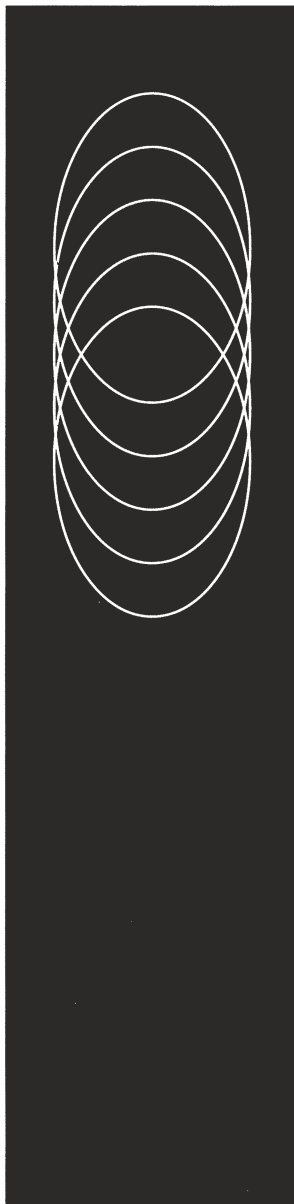




Evaluating HIV Staff Development Programs

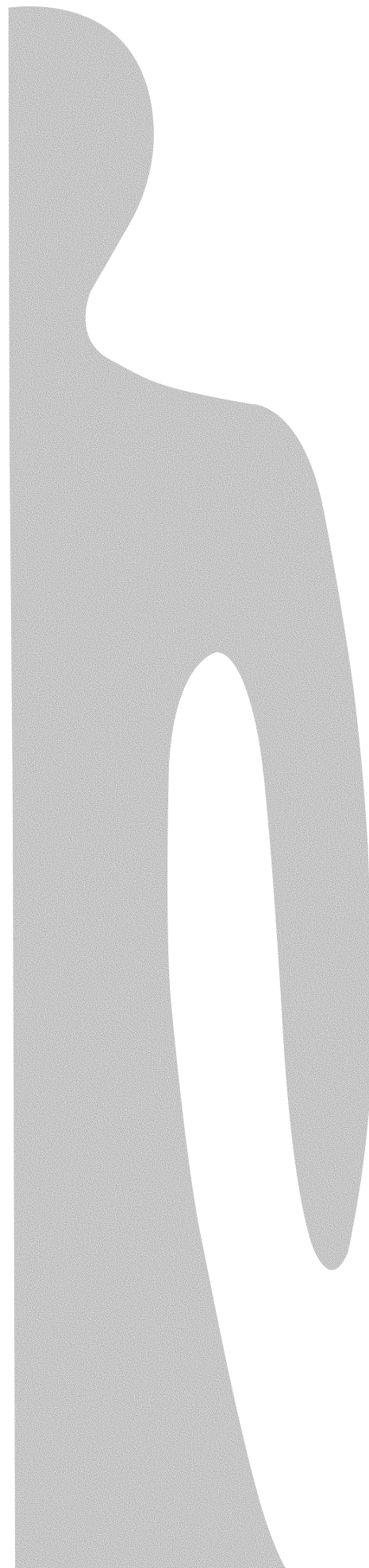
BOOKLET 4

DIVISION OF ADOLESCENT AND SCHOOL HEALTH
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION
AND HEALTH PROMOTION
CENTERS FOR DISEASE CONTROL



EVALUATING HIV STAFF DEVELOPMENT PROGRAMS

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Introduction

Staff development programs for teachers and administrators are an important component of any educational enterprise. The more effectively educators carry out an instructional program, the more likely students will display progress in such areas as knowledge, skills, and attitudes. Well-prepared teachers will, in general, carry out an instructional program more effectively than those who are not well prepared.

Staff development for HIV education is particularly important because teachers need special skills not only to deal with the sensitive issues of sexual and drug-use behaviors that can lead to HIV infection, but also to promote students' acquisition of the interpersonal skills needed to reduce the risk of HIV infection. The following four guidelines for HIV staff development programs are intended to assist individuals responsible for designing or evaluating such programs. A staff development program in HIV education will likely take the form of an in-service workshop, course, or continuing education program for educators providing HIV education to students. It is hoped that architects of HIV staff development programs will find these guidelines useful for judging the programs they design or implement.

The guidelines deal with important choice points for evaluators of HIV staff development programs. Those wishing to consider these issues in greater detail should consult *Evaluating HIV Education Programs*, a separate booklet included in this handbook.

Sample assessment instruments are presented, beginning on page 11 of this booklet. These instruments represent the kinds of measuring devices that might be employed when evaluating the content or process of an HIV staff development program. Any of these instruments that are judged suitable for use in an actual evaluation of an HIV staff development program may require modification to be consistent with the content and objectives of that particular program.



Guideline 1: The objectives and content of an HIV staff development program should be determined after identifying the needs of participants.

The content of an HIV staff development program should flow from its objectives. A program designed to promote teachers'

*Analyze
participants'
needs.*

skills in discussing sensitive sex-related topics should obviously be different from a program designed to increase teachers' knowledge about HIV transmission routes. The determination of these objectives and content, therefore, is a particularly important undertaking.

This first guideline recommends that the objectives and resulting content of an HIV staff development program be determined after identifying the needs of those educators to whom the program will be offered. Whether the staff development program is designed for teachers who have previously received no special HIV-related instruction or for teachers who have already completed one or more such instructional programs, it is important to isolate instructional objectives that address the particular needs of those educators.

The identification of participants' needs can be carried out at varying levels of cost and effort. One of the more straightforward procedures is to administer a brief survey to prospective participants in advance of the program so that they can register their reactions to the content and/or objectives under consideration. The instructional staff can then modify the content and objectives accordingly. A sample needs analysis survey is provided on page 13 of this booklet.

Another relatively simple approach is to interview, usually by phone, a sample of potential participants before the session in order to identify the kinds of objectives and content that they would like to see addressed.

It is also possible to administer pretests to ascertain participants' levels of knowledge, skill, confidence, and so on. Because such pretests are usually given when participants arrive at the program site, the instructional staff must quickly score the pretests so that results can, if appropriate, be used to modify the instructional plans. The function of formal pretests is to get a reasonably accurate fix on participants' entry behaviors—that is, on the knowledge, skills, and attitudes that participants bring to the program.

This first guideline is intended to encourage designers of HIV staff development programs to determine the program's objectives and content only after scrutiny of what participants truly need. When staff development programs fail to take into account the educators for whom they were designed, their results are typically off target, and hence reflect inappropriate instruction. Those operating HIV staff development programs should systematically determine the needs of the teachers and/or administrators to whom the programs are to be offered.

The level of effort directed to identifying participants' needs should be consistent with the particulars of the program involved. If the program is to be brief—for example, a one-hour meeting—then little attention should be given to the identification of needs. However, if the staff development program is to be a districtwide series of workshops during the entire school year, then far greater attention to the isolation of participants' needs is warranted.

Educational evaluators can play an appropriate and helpful role by gathering data regarding participants' instructional needs, then interpreting such data for those who will be providing the HIV staff development program.

Judge the program's characteristics to determine its probable effectiveness.

Guideline 2: A preliminary appraisal of an HIV staff development program's probable success can be determined by the program's internal characteristics.

Ultimately, an HIV staff development program should be appraised on the basis of its impact on the teachers and administrators who take part. That type of evaluation, obviously, can only be conducted after a program has been implemented and is, therefore, of little value to program designers. Some sort of preliminary evaluation must be used instead. The following seven effective program elements constitute evaluative criteria that program designers can use to make preliminary judgments about a program's probable effectiveness: (1) instructional psychology, (2) congruence with student curriculum, (3) attitudes toward people with HIV/AIDS, (4) instructional confidence, (5) comfort with sensitive topics, (6) knowledge of HIV and AIDS, and (7) adequate duration. If all seven of these elements are included in an HIV staff development program, that program is far more likely to be successful than if only a few are included.

Instructional psychology: The program adheres to sound principles of instructional psychology.

An HIV staff development program, like any other instructional endeavor, should be founded on established experience-based and research-based tenets of instructional practice. Designers of the program must be sufficiently conversant with the most important principles of instructional psychology to discern whether their program is consonant with such principles.

Features of effective instructional practice, such as (1) task analysis, (2) motivation, (3) modeling, (4) guided practice, (5) inde-

pendent practice, and (6) review, should be a part of all HIV staff development programs. If a program has only a few of these features, it should be reviewed carefully to determine whether it needs to be broadened to include more.

The needs of adult learners must be taken into account when drawing on instructional principles such as those identified above. Motivational techniques that are effective with younger learners, for example, may need to be modified to be suitable for the teachers and administrators who are the typical participants in HIV staff development programs.

Congruence with student curriculum: The program is aligned with the HIV instructional program for students.

Staff development programs are typically provided so that educators can deliver a specific instructional program more effectively. HIV education, whether offered as part of a comprehensive health program or as a separate curricular entity, focuses on distinctive knowledge, skills, and attitudes. Thus, the HIV staff development program should be closely related to the specific HIV education program that will be offered to students. Although some content in an HIV staff development program will be useful to teachers in instructional contexts other than HIV education, an HIV staff development program should not be a general, one-size-fits-all endeavor. On the contrary, teachers and administrators need to become thoroughly conversant with the particulars of the HIV education that they will be providing to students. Those providing the HIV staff development program must thus make certain that it is congruent with the local HIV education program for students.

Attitudes toward people with HIV or AIDS: The program addresses teachers' attitudes and beliefs regarding people infected with HIV and people who have AIDS.

Most people know that HIV is not transmitted through casual contact. However, many of these same people may still avoid any contact with people who are infected with HIV or who have AIDS. It is not enough for educators merely to know the facts about HIV and AIDS. They must also possess appropriate attitudes toward people who are infected with HIV or who have AIDS. To deliver a message of safety to their students, teachers must themselves believe that it is not dangerous to be around someone infected with HIV or someone who has AIDS. Compel-

ling evidence must be presented so that participants can see how HIV is and is not transmitted. A sample instrument that assesses teachers' attitudes toward people with HIV or AIDS is provided on page 19 of this booklet.

Instructional confidence: The program promotes teachers' confidence in their ability to deliver HIV education for students.

There is ample evidence that people's confidence in their ability to perform a given skill is an important factor in their performance of that skill. Teachers will perform more successfully when they are confident that they can skillfully deliver the instruction called for in the HIV education program. Those preparing to teach HIV education will frequently find themselves confronting unfamiliar topics and skills. They need to have opportunities to develop confidence in their ability to address these new topics and skills. It is insufficient merely to present new HIV-related content to educators. To gain a genuinely high level of confidence, educators must be allowed ample practice opportunities to master the content. A sample instrument to help determine teachers' instructional confidence is provided on page 23 of this booklet.

Comfort with sensitive topics: The program increases teachers' comfort in discussing sensitive topics.

HIV education presents educators with a special challenge because of the sensitive topics that it must cover. Because HIV transmission involves sexual behaviors and intravenous drug use, well-prepared educators must be comfortable discussing these topics with their students. They have to be familiar with slang terms so that they can recognize them when students use them. Teachers also need to know the technical names for sexual organs and body functions to use during class discussions. To increase educators' comfort in discussing these sensitive and sometimes controversial topics, teachers and administrators should be made familiar with state and district policies regarding the teaching of such topics. A sample instrument that assesses teachers' comfort with sensitive topics is provided on page 27 of this booklet.

Knowledge of HIV and AIDS: The program includes up-to-date information and resources related to AIDS and HIV transmission.

Scientific information about HIV and AIDS is steadily increasing. It is important, therefore, that HIV educators learn not only the current facts about HIV and AIDS but also where and how to keep those facts up to date. Designers of an HIV staff development program should have the factual basis of their program reviewed by a physician or health educator who is conversant with the most recent developments regarding HIV and AIDS. A sample assessment instrument to help determine teachers' knowledge of HIV and AIDS is provided on page 31 of this booklet.

Adequate duration: The program is of sufficient instructional duration.

An effective HIV staff development program needs to do more than provide lesson plans for teachers. Although no empirical evidence has indicated the minimal amount of time necessary for an effective staff development program, a program must certainly last more than a few hours to cover such topics as teaching interpersonal skills, promoting appropriate attitudes toward people with HIV and AIDS, fostering confidence in educators' ability to deliver the program, achieving comfort in discussing sensitive topics, and attaining information about HIV and AIDS. An HIV staff development program of only an hour or two will surely yield only modest benefits.

Designers of HIV staff development programs will need to employ their best professional judgment about program length in light of how much instructional time is realistically available for staff development. If the program deals only with HIV-related knowledge, then a few hours might do the job satisfactorily. However, if the program is designed to promote teachers' abilities to help their students master interpersonal skills, then several days may be required. In general, it is wiser to err in the direction of too long rather than too short. It takes time to prepare educators to teach HIV education effectively.

Final thoughts about Guideline 2

Guideline 2 suggests that the probable success of an HIV staff development program can be estimated on the basis of the

extent to which it incorporates the previously described program elements. The use of such internal elements to appraise a program should not replace the need for a postprogram evaluation of the program's effects. Guideline 2 can, however, help increase the probability that an HIV staff development program will be successful. A sample rating form is provided on page 41 to assist evaluators in their review of a staff development program's internal characteristics.

Guideline 3: HIV staff development program appraisal should establish the degree to which the program was delivered as planned.

This guideline focuses on actually carrying out an HIV staff development program. Was the program implemented as it was supposed to be? Was the planned content covered? Were the instructional activities carried out as anticipated? In short, was the program that was actually offered to educators the program that was planned?

Determine how the program was delivered.

To ascertain whether an HIV staff development program was properly implemented is usually not difficult. An evaluator merely needs to describe what transpired during the program and determine whether that description matches what was intended.

One straightforward way to determine if the actual program matches the intended program is to observe instructional activity during the program. The more systematic this observation can be, the more confidence one can place in the observational data. A second approach is to have the instructors of the program, or even the participants in the program, respond to questions about what they experienced during the HIV staff development program.

This guideline is offered chiefly to remind evaluators not to overlook implementation evaluation. Some evaluators do not document the extent to which what was instructionally intended by the program actually took place. Without such documentation, it is difficult to determine whether a program's lack of success is a function of faulty design or faulty delivery. Even with successful programs, evaluators need to know whether to credit positive results to the program as planned or the program as delivered.

*Judge an
HIV staff
development
program by its
effects.*

Guideline 4: An HIV staff development program should be chiefly evaluated by its impact on educators.

Evaluations of staff development programs have one of two purposes. The first purpose of evaluation is to uncover data that will help improve a program under development. The second purpose is to gather information that will reveal the success or failure of a more fully developed program and influence a decision to continue or terminate the program.

In both cases, evaluators of an HIV staff development program must decide what sorts of evaluative data to gather. The judgment of participants about the program's quality is one source of useful data. Participants can be asked to register their reactions to the program's (1) content, (2) instructional procedures, and (3) logistical arrangements. All three sorts of reactions can prove useful.

The evaluator must make sure that the data-gathering forms and the way they are used are as conducive as possible to gathering accurate and decision-relevant data. If the instrument is designed to enhance anonymity, for example, the resultant data concerning participant satisfaction will allow more valid inferences than data provided by participants who believe that their responses can be traced to them. Sample participant satisfaction evaluation forms begin on page 47 of this booklet.

Although data on participant satisfaction can prove highly illuminating to decision makers, evaluators have other meaningful criteria—namely, the changes that did (or did not) take place in participants as a consequence of the program. Such changes might include increased knowledge, modified attitudes, acquisition of skills, or changes in teachers' subsequent classroom behaviors. Typically, a simple pretest-posttest data-gathering design is employed to discern whether the staff development program is yielding changes in participants. For example, an evaluator could measure participants' knowledge regarding HIV before and after the program and identify the degree to which participants' knowledge has increased.

An evaluator must carefully decide what types of participant-change data to gather. There are both advantages and disadvantages in choosing to focus assessment procedures on variables such as knowledge, skills, attitudes, or behavior. Several factors, such as the availability of suitable assessment instruments, will affect these choices. The actual content of the HIV staff development

program should also have an influence on the selection of pretest-posttest assessment devices. If the program is intended only to promote participants' knowledge, it would be inappropriate to assess their attitudes and behaviors.

The set of sample assessment devices beginning on page 11 might be used or adapted for the evaluation to improve an ongoing HIV staff development program. Any assessment instruments that are used should be consistent with the instructional emphases of the staff development program.

An HIV staff development program that has been in place for some time (and has already been improved) should be subjected to a rigorous evaluation so that its impact can be determined. The evaluator of an established HIV staff development program should try to determine what participants think about the program. Further, the evaluator should examine whether the program brings about meaningful changes in the knowledge, attitudes, skills, and/or behaviors of these participating educators. Of particular interest is whether the teachers who received the HIV staff development program are actually putting into practice what they learned. Securing such information will usually entail some sort of follow-up questionnaire by mail or by telephone. A sample follow-up questionnaire can be found on page 53 of this booklet.

The purpose of gathering data from participants is to evaluate the program rather than the participants. Accordingly, participants should complete all assessment instruments anonymously.

Previously described on page 8 of the booklet *Evaluating HIV Education Programs*, the *HIV Education Survey* distributed by CDC/Division of Adolescent and School Health or Westat may also be useful in designing local HIV staff development workshops. Several questions in this survey deal with the nature and duration of HIV staff development programs. One question, for example, asks, "How many of your staff members have received preservice or in-service training to teach HIV education?" This information may be quite helpful in determining local needs and formulating optimal training programs.

Conclusion

This booklet provides those who design and/or appraise HIV staff development programs with a set of guidelines to use in determining the quality of such programs. Guideline 1 deals with the necessity for identifying participants' needs before the program begins in order to determine the program's objectives and content.

Guideline 2 features seven elements of successful HIV staff development programs. Guideline 3 stresses the importance of implementation evaluation. Guideline 4 deals with the need to evaluate staff development programs according to the program's effects.

In the following pages, several assessment devices are presented that may be used—as is or with modifications—in the evaluation of HIV staff development programs.

Sample Assessment Instruments

The following pages contain eight sample assessment instruments: (1) *Sample Needs Analysis Survey to Determine the Instructional Emphases of an HIV Staff Development Program*, (2) *Attitudes Toward People with HIV or AIDS*, (3) *Instructional Confidence*, (4) *Comfort with Sensitive Topics*, (5) *Knowledge of HIV and AIDS*, (6) *Judging an HIV Staff Development Program by Its Internal Characteristics*, (7) *Sample Participant Satisfaction Evaluation Forms*, and (8) *Sample Follow-Up Survey to Evaluate an HIV Staff Development Program*. Those who are carrying out the evaluation of an HIV staff development program may find one or more of them useful.

These instruments should not be considered prescriptive. In the evaluation of a given HIV staff development program, it is likely that several of these instruments would not match the program's instructional emphases. Evaluators are free to select any of the instruments presented here and modify them as needed.

Each instrument is preceded by a description of the instrument, a rationale for its use, and a suggested scoring scheme.

Sample Needs Analysis Survey to Determine the Instructional Emphases of an HIV Staff Development Program

Assessment Focus: Participants' current status regarding HIV-relevant skills, knowledge, and attitudes that might be emphasized in an HIV staff development program.

General Description

This sample survey is intended to secure information about content that might be incorporated into an HIV staff development program. It can be administered in its current form by mail or, with a few minor alterations, by telephone. The advantage of using a telephone interview is that you can ask the respondent to elaborate or clarify an answer. The disadvantage of the telephone approach, however, is that it eliminates respondents' anonymity.

Rationale

If not properly selected, the instructional emphases of an HIV staff development program may fail to coincide with the genuine needs of participants. The use of a needs analysis survey such as this could provide the planners of an HIV staff development program with the data needed to particularize the program effectively.

Scoring Procedures

Responses can simply be totalled for each response option: the form can be altered by adding or deleting potential topic areas.

NEEDS ANALYSIS FOR THE UPCOMING HIV STAFF DEVELOPMENT PROGRAM

In six weeks, you will be taking part in a district-sponsored HIV staff development program for all of the district's certificated personnel. Please complete this survey **anonymously**, then return it by District Mail to "Health Education Coordinator, Administrative Complex, Room 205." Results of the needs analysis survey will be used to tailor the staff development program to the needs of our district's teachers and administrators.

For each topic listed below, please indicate how confident you are about your knowledge or skills and whether you think the topic should be included in the HIV staff development program.

Please respond honestly. Do not put your name on the survey.

<u>Potential Topic</u>	<u>Your Current Confidence?</u>			<u>Should Be Included?</u>	
1. Basic facts about HIV and AIDS	HI	AVG	LO	YES	NO
2. How to get accurate, up-to-date information about HIV and AIDS	HI	AVG	LO	YES	NO
3. Changing students' HIV-related attitudes and behaviors	HI	AVG	LO	YES	NO
4. How to promote students' accurate perceptions of their vulnerability to HIV infection	HI	AVG	LO	YES	NO
5. How to discuss sensitive topics with students	HI	AVG	LO	YES	NO
6. How to teach students the skills to help them refrain from engaging in sexual intercourse	HI	AVG	LO	YES	NO
7. How to develop students' HIV-related interpersonal skills (e.g., self-esteem)	HI	AVG	LO	YES	NO
8. How to teach about condom use	HI	AVG	LO	YES	NO
9. How to teach students to refrain from injecting drugs	HI	AVG	LO	YES	NO
10. Where and when to get tested for HIV infection	HI	AVG	LO	YES	NO
11. How to involve peers and parents in HIV education programs	HI	AVG	LO	YES	NO

<u>Potential Topic</u>	<u>Your Current Confidence?</u>			<u>Should Be Included?</u>	
12. How to deal with students or staff who are infected with HIV	HI	AVG	LO	YES	NO
13. How to deal with community controversy surrounding HIV education	HI	AVG	LO	YES	NO
14. Other topics?					
_____	HI	AVG	LO	YES	NO
_____	HI	AVG	LO	YES	NO
_____	HI	AVG	LO	YES	NO

Thank you for completing this survey.

Attitudes toward People with HIV or AIDS

Assessment Focus: Educator attitudes toward people with AIDS or infected with HIV

General Description

This 10-item instrument measures educators' acceptance of and attitudes toward students or colleagues who have AIDS or are infected with HIV. Educators are asked to respond to each statement on a 5-point scale.

Rationale

Attitudes toward others have long been recognized as a predisposing factor of behavior. In the United States, people who have AIDS or are infected with HIV have often been stigmatized by mainstream society. Intolerant attitudes toward these people often lead to intolerant behaviors against them. Changing such attitudes is thus a key objective in an HIV staff development program.

Scoring Procedures

To obtain a total score for each educator, add the point values of responses. Total scores can range from 50 points (indicating high acceptance of persons with HIV or AIDS) to 10 points (indicating low acceptance of persons with HIV or AIDS).

The following scale should be used to score items.

For items 1, 2, 4, 8, and 10:

Strongly Agree	5 points
Agree	4 points
Not Sure	3 points
Disagree	2 points
Strongly Disagree	1 point

For items 3, 5, 6, 7, and 9:

Strongly Agree	1 point
Agree	2 points
Not Sure	3 points
Disagree	4 points
Strongly Disagree	5 points

ATTITUDES TOWARD PEOPLE WITH HIV OR AIDS

Directions: Please respond anonymously. Read each item and check the response that fits best for you.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1. I wouldn't mind having a student with AIDS in my classroom.	()	()	()	()	()
2. A student who is infected with HIV should be allowed to eat lunch in the school cafeteria.	()	()	()	()	()
3. I would avoid a student whose family member had AIDS.	()	()	()	()	()
4. I wouldn't mind attending a faculty meeting with someone who was infected with HIV.	()	()	()	()	()
5. Students who have AIDS should be segregated from other students.	()	()	()	()	()
6. Students who have AIDS should not play sports with other students.	()	()	()	()	()
7. I would feel uncomfortable about individually tutoring a student infected with HIV.	()	()	()	()	()
8. People who have AIDS should be allowed to work in restaurants and cafeterias.	()	()	()	()	()
9. If I thought a teacher was infected with HIV, I would be afraid to shake hands with that teacher.	()	()	()	()	()
10. I would feel comfortable hugging a friend who has AIDS.	()	()	()	()	()

Instructional Confidence

Assessment Focus: Educator confidence in the ability to provide HIV education

General Description

This 10-item instrument assesses educators' confidence in their ability to carry out a variety of activities necessary to provide HIV education.

Rationale

Success in providing effective HIV education requires more than knowledge about HIV. It also requires educators to be confident in their ability to provide students with an effective instructional program.

Scoring Procedures

To obtain a total score for each educator, add the point values of responses. Total scores can range from 50 points (indicating a high degree of confidence) to 10 points (indicating a low degree of confidence). The following scale should be used to score items.

Completely Confident	5 points
Very Confident	4 points
Somewhat Confident	3 points
Not Very Confident	2 points
Not at All Confident	1 point

INSTRUCTIONAL CONFIDENCE

Directions: Please respond anonymously. Read each item and check the response that fits best for you.

How confident are you that you can:	Completely Confident	Very Confident	Somewhat Confident	Not Very Confident	Not at All Confident
1. Obtain up-to-date information about HIV?	()	()	()	()	()
2. Present accurate information about HIV infection and AIDS to students?	()	()	()	()	()
3. Answer parents' questions about HIV education?	()	()	()	()	()
4. Discuss high-risk sexual behaviors with students?	()	()	()	()	()
5. Help students develop skills they will need to refrain from engaging in intercourse?	()	()	()	()	()
6. Explain to students at appropriate ages how a condom should be used?	()	()	()	()	()
7. Discuss high-risk drug behaviors with students?	()	()	()	()	()
8. Help students to refrain from injecting drugs?	()	()	()	()	()
9. Increase students' tolerance toward people with AIDS?	()	()	()	()	()
10. Help students reach more accurate perceptions of their own vulnerability to HIV infection?	()	()	()	()	()

Comfort with Sensitive Topics

Assessment Focus: Educator comfort in the discussion of sensitive topics related to HIV education

General Description

This 10-item instrument assesses educators' comfort in discussing HIV-related topics that might be addressed during an HIV education program. Educators indicate their comfort in discussing these topics by responding on a 5-point "comfort" scale.

Rationale

Success in delivering an HIV curriculum depends on more than knowledge of HIV and the behaviors that put one at risk of infection. Because sensitive topics related to sexual behaviors and intravenous drug use will be part of an HIV curriculum, it is important that educators be comfortable discussing these topics.

Scoring Procedures

To obtain a total score for each educator, add the point values of responses. Total scores can range from 50 points (indicating a high degree of comfort) to 10 points (indicating a low degree of comfort). The following scale should be used to score items.

Completely Comfortable	5 points
Very Comfortable	4 points
Somewhat Comfortable	3 points
Not Very Comfortable	2 points
Not at All Comfortable	1 point

Although a total score can be computed, the specific nature of the instrument's 10 items should incline evaluators to engage in item-by-item scoring. Certain topics are far more likely than others to induce embarrassment on the part of educators. For example, most educators would be more comfortable discussing "how HIV is transmitted" than "male genitalia." Staff development programs can be focused on alleviating educators' discomfort regarding particular topics with which those educators are least comfortable.

COMFORT WITH SENSITIVE TOPICS

Directions: Please respond anonymously. Read each item and check the response that fits best for you.

How comfortable are you in discussing the following topics with students?*

	Completely Comfortable	Very Comfortable	Somewhat Comfortable	Not Very Comfortable	Not at All Comfortable
1. How HIV is transmitted	()	()	()	()	()
2. Injected drug use	()	()	()	()	()
3. Sexual intercourse	()	()	()	()	()
4. AIDS	()	()	()	()	()
5. Alcohol use	()	()	()	()	()
6. Condom use	()	()	()	()	()
7. Sexual abstinence	()	()	()	()	()
8. Male genitalia	()	()	()	()	()
9. Female genitalia	()	()	()	()	()
10. Nonsexual ways of displaying affection	()	()	()	()	()

*Assume, for purposes of completing this inventory, that your district's policies permit the discussion of all topics listed.

Knowledge of HIV and AIDS

Assessment Focus: Educator HIV and AIDS knowledge related to HIV-risk behaviors

General Description

This 25-item instrument measures functional knowledge about HIV and AIDS. The instrument may be used to: (1) measure the accuracy of educators' knowledge about HIV and AIDS, and (2) measure the degree of educators' confidence in their knowledge about HIV and AIDS. For each of 25 statements, educators are to choose one of the following responses: I am sure it's true; I think it's true; I don't know; I think it's false; I am sure it's false.

Rationale

Functional knowledge is information that relates directly to one's engagement in HIV-risk behaviors, as opposed to information indirectly related to one's HIV-risk behaviors. Functional knowledge about HIV and AIDS is necessary to eliminate or reduce the risk of HIV transmission and to eliminate incorrect notions about HIV transmission. Questions regarding more general informational items about HIV and AIDS, therefore, were not included in this instrument.

Scoring Procedures

This instrument can be scored either for knowledge or for confidence in one's knowledge.

Knowledge Measure

To score this instrument for knowledge, consider only whether educators indicate that an item is true or false or that they do not know whether it is true or false. Each correct answer receives one point, and each incorrect or "don't know" response receives no points. For example, a false statement would be scored as correct (and the respondent given one point) if the respondent answered either "I think it's false," or "I am sure it's false."

Total scores can range from 0 points (no items correct) to 25 points (all items correct).

Scoring Key

True: 1, 2, 5, 6, 7, 9, 10, 11, 13, 16, 17, 21, 22, 24, 25

False: 3, 4, 8, 12, 14, 15, 18, 19, 20, 23

An item-by-item analysis of the group's responses can help identify those content areas that may require targeted instruction.

Confidence Measure

To score this instrument for confidence in correctly held knowledge about HIV and AIDS, assign a value of 1 to 5 points for each item. The highest number of points possible is assigned to an item that an individual answers correctly with a high degree of confidence ("I am sure it's true," or "I am sure it's false"). An answer marked correctly with a lower degree of confidence ("I think it's true," or "I think it's false"), marked "I don't know," or marked incorrectly receives a lower number of points.

If a statement is true, points are assigned to responses as follows:

Scoring for True Items

- 5 points — I am sure it's true.
- 4 points — I think it's true.
- 3 points — I don't know.
- 2 points — I think it's false.
- 1 point — I am sure it's false.

If a statement is false, points are assigned to responses as follows:

Scoring for False Items

- 5 points — I am sure it's false.
- 4 points — I think it's false.
- 3 points — I don't know.
- 2 points — I think it's true.
- 1 point — I am sure it's true.

"I don't know" responses receive more points than incorrect answers because confidence in incorrect knowledge is potentially

more damaging than uncertainty regarding the knowledge. (Persons with some degree of confidence in an incorrect answer are more likely to relay this erroneous information to others than are persons who know they do not know the correct answer.)

Total scores for confidence in correctly held knowledge can range from 25 points (all answers incorrect with a high degree of confidence) to 125 points (all answers correct with a high degree of confidence). A comparison of the group's mean total score can be used to determine changes in confidence in correctly held knowledge from pretest to posttest. In addition, an item-by-item analysis of the group's responses can help identify those content areas that may require targeted instruction.

If the instrument is scored with an emphasis on correctly held knowledge, it is important to clearly indicate this fact in reports that are produced. Otherwise, reported results may be misinterpreted. When presenting results, use phrasing similar to the following:

Besides being scored for AIDS and HIV knowledge, the instrument was also scored to determine respondents' confidence in correctly held knowledge. Items answered correctly with a high degree of confidence received the highest number of points (5), and items answered incorrectly with a high degree of confidence received the lowest number of points (1).

KNOWLEDGE OF HIV AND AIDS

Directions: Please respond anonymously. Read each item and check the response that fits best for you.

	I am sure it's true.	I think it's true.	I don't know.	I think it's false.	I am sure it's false.
1. Many people who are infected with HIV can look and feel healthy.	()	()	()	()	()
2. Drug users can reduce their chances of becoming infected with HIV by not sharing needles.	()	()	()	()	()
3. AIDS can be cured if it is treated early enough.	()	()	()	()	()
4. Only a person who is sick with AIDS can give HIV to others.	()	()	()	()	()
5. A person can become infected with HIV by having unprotected (no condom) sexual intercourse with someone who is infected with HIV.	()	()	()	()	()
6. Mothers can pass HIV to their babies through breast milk.	()	()	()	()	()
7. Males who are infected with HIV can give it to another person through their semen.	()	()	()	()	()
8. People who have AIDS always show clear signs of being sick.	()	()	()	()	()
9. People who are infected with HIV can give it to another person through their blood.	()	()	()	()	()
10. A mother can pass HIV to her unborn child.	()	()	()	()	()

	I am sure it's true.	I think it's true.	I don't know.	I think it's false.	I am sure it's false.
11. A person can become infected with HIV by sharing needles that have been used to inject steroids.	()	()	()	()	()
12. A person can become infected with HIV by smoking the same cigarette that someone with HIV has smoked.	()	()	()	()	()
13. People can reduce their chances of becoming infected with HIV by using a latex condom during sexual intercourse.	()	()	()	()	()
14. A person can become infected with HIV by being bitten by an insect, such as a mosquito or flea.	()	()	()	()	()
15. A person can become infected with HIV by donating (giving) blood.	()	()	()	()	()
16. There is a period of time when a person infected with HIV can test negative on an HIV-antibody test.	()	()	()	()	()
17. A person who has had a positive HIV-antibody test result can give HIV to someone else.	()	()	()	()	()
18. A person can become infected with HIV by using public bathrooms.	()	()	()	()	()
19. People who are careful to have sexual intercourse only with healthy-looking partners won't become infected with HIV.	()	()	()	()	()
20. People who are infected with HIV can give it to other people by shaking hands.	()	()	()	()	()

	I am sure it's true.	I think it's true.	I don't know.	I think it's false.	I am sure it's false.
21. Drug users can reduce their chances of becoming infected with HIV by cleaning needles with bleach before injecting drugs.	()	()	()	()	()
22. People can be infected with HIV and not know they have it.	()	()	()	()	()
23. When used during sexual intercourse, condoms are 100% effective in protecting people from becoming infected with HIV.	()	()	()	()	()
24. People can get their blood tested to see if they have been infected with HIV.	()	()	()	()	()
25. Not using a condom during sexual intercourse with a person who has injected (shot up) drugs increases a person's chances of becoming infected with HIV.	()	()	()	()	()

Judging an HIV Staff Development Program by Its Internal Characteristics

Assessment Focus: Program designers' rating of internal characteristics of an HIV staff development program

General Description

This rating form provides an opportunity for program designers to rate the strengths of their HIV staff development program prior to program implementation. Preliminary judgments about a program's probable effectiveness center around the following seven internal characteristics: (1) instructional psychology, (2) congruence with student curriculum, (3) attitudes toward people with HIV or AIDS, (4) instructional confidence, (5) comfort with sensitive topics, (6) knowledge of HIV and AIDS, and (7) adequate duration.

Rationale

If all seven of the internal characteristics are included in an HIV staff development program, that program is far more likely to be successful than if only a few are included. The use of a rating form to assess the extent to which the seven characteristics have been included could provide the planners with the data needed to make improvements to the program before it is implemented.

Scoring Procedures

The seven internal characteristics are rated on a 5-point scale. For example, the scale for assessing the internal characteristic of knowledge of HIV and AIDS ranges from "All HIV and AIDS information up to date; resources for additional information provided" to "some HIV and AIDS information dated and inaccurate; no additional resources provided."

Program designers may wish to fill out this form individually or compile answers from all program committee members for a group response.

Internal Characteristics Rating Form

HIV staff development program under consideration: _____

1. Instructional Psychology

<div><div></div><div></div><div></div><div></div></div>	
Clearly adheres to sound instructional practices	Embodies few principles drawn from instructional psychology

2. Congruence with Student Curriculum

<div><div></div><div></div><div></div><div></div></div>	
Completely consistent with the HIV instructional program for students	Relatively unrelated to the instructional program for students

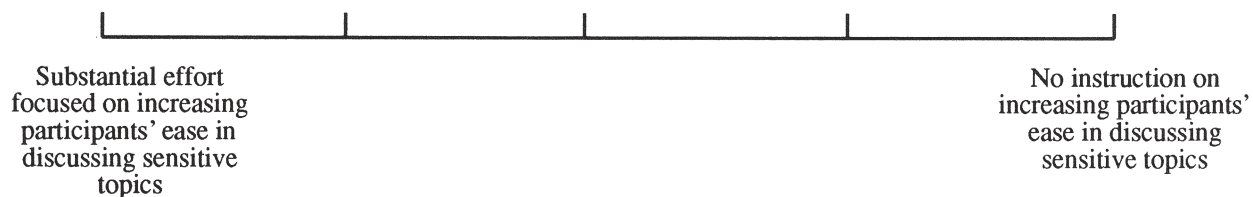
3. Attitudes toward People with HIV or AIDS

<div><div></div><div></div><div></div><div></div></div>	
Substantial effort given to promoting positive attitudes toward persons with HIV or AIDS	Little attention given to promoting positive attitudes toward persons with HIV or AIDS

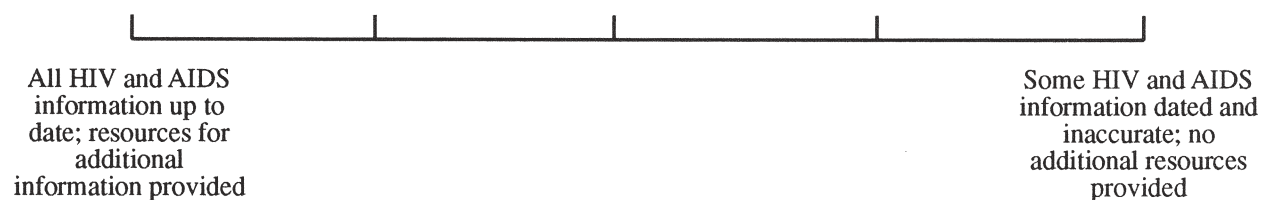
4. Instructional Confidence

<div><div></div><div></div><div></div><div></div></div>	
Much attention given to enhancing participants' confidence in teaching about HIV	Little attention given to increasing participants' confidence in teaching about HIV

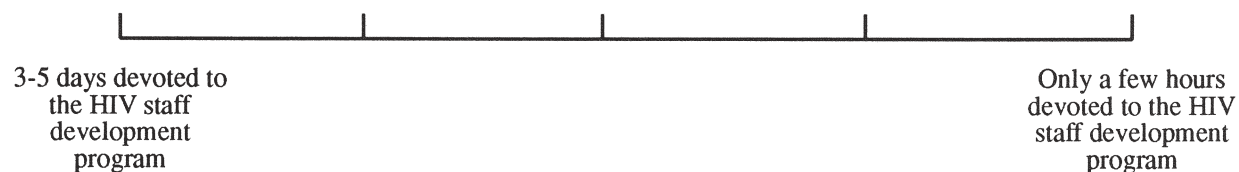
5. Comfort with Sensitive Topics



6. Knowledge of HIV and AIDS



7. Adequate Duration



Sample Participant Satisfaction Evaluation Forms

Assessment Focus: Participants' evaluation of an HIV staff development program

General Description

These two single-sheet forms provide an opportunity for the participants in a staff development program to evaluate the program at its conclusion.

Rationale

Two separate forms, to be distributed on separate sheets, are provided so that participants can complete the Evaluation Checklist candidly with complete confidence that their responses cannot be identified by their handwriting. The separate Written Comment Evaluation Survey offers participants an opportunity to elaborate through written comments if they wish to do so.

Scoring Procedures

Because such evaluation forms must be designed to match the particular HIV staff development program, the following two forms are provided as examples only. Scoring, therefore, would be based on the particulars of the form being used.

PARTICIPANT SATISFACTION EVALUATION CHECKLIST

Directions: Please evaluate this staff development workshop so that future workshops can be made more effective. *Do not* put your name on this form. Your answers will be anonymous. When you are finished, please deposit the two sheets in the box marked "Evaluation Forms" as you leave the room.

1. Please rate the following workshop topics on (1) the quality of their presentation in the workshop, and (2) their importance for your future presentations of HIV education to your students:

	QUALITY			IMPORTANCE		
	Excellent	Satisfactory	Poor	Very Important	Somewhat Important	Not at All Important
a. Knowledge about HIV and AIDS	()	()	()	()	()	()
b. Discussing sensitive topics	()	()	()	()	()	()
c. Teaching students skills to refrain from engaging in sexual intercourse	()	()	()	()	()	()
d. Teaching condom use	()	()	()	()	()	()
e. Teaching students to refrain from injecting drugs	()	()	()	()	()	()
f. Dealing with parental discomfort	()	()	()	()	()	()
g. District policies related to HIV/AIDS	()	()	()	()	()	()

2. Please rate the quality of the following workshop instructional activities:

	Excellent	Satisfactory	Poor
a. Lecture sessions	()	()	()
b. Small group discussions	()	()	()
c. Participant exercises	()	()	()
d. Role-plays	()	()	()

3. Please rate the quality of the following:

	Excellent	Satisfactory	Poor
a. Length of instructional segments	()	()	()
b. Quality of the instructional staff	()	()	()
c. Room arrangements	()	()	()
d. Instructional materials	()	()	()

4. What is your overall rating of the workshop?
- | Excellent | Good | Satisfactory | Fair | Poor |
|-----------|------|--------------|------|------|
| () | () | () | () | () |

**PARTICIPANT SATISFACTION
WRITTEN COMMENT EVALUATION SURVEY**

What additional topics should be included in the workshop?

Was too little or too much time spent on any of the topics included in the workshop?

What did you like *most* about the workshop?

What did you like *least* about the workshop?

What other comments do you have about the workshop?

Thank you for completing this survey.

Sample Follow-Up Survey to Evaluate an HIV Staff Development Program

Assessment Focus: Participants' long-term reactions to an HIV staff development program

General Description

This two-page form obtains the reactions of participants toward an HIV staff development program after those individuals have returned to their regular instructional assignments.

Rationale

Participants in a staff development program can often appraise the worth of that program more accurately after they have attempted to use what they learned. Follow-up participant evaluations, therefore, will often yield participant insights not immediately apparent at the program's conclusion.

Scoring Procedures

The contents of a follow-up participant evaluation form should be customized to reflect a particular staff development program's instructional emphases. In addition, the length of time between the program's conclusion and the solicitation of participants' reactions will vary, depending on how long it would typically take for participants to use what they have learned in the program. Scoring, therefore, would be based on the particulars of the form being used.

FOLLOW-UP SURVEY FOR PARTICIPANTS

Six months ago, you attended a three-day HIV staff development workshop. The purpose of this survey is to determine how helpful that workshop was, now that you have had an opportunity to use what you learned. The information that you provide will be used to improve future staff development programs.

Please *do not* put your name on this form. Your answers will be anonymous. When you have completed this survey, return it in the enclosed stamped, self-addressed envelope.

1. Have you provided HIV instruction to students since you completed the staff development workshop?

☐ YES

☐ NO (If no, please stop here and return the survey in the enclosed envelope.)

2. About how many classroom periods (one hour) of HIV instruction have you provided since you completed the staff development workshop? _____

3. How important were the following workshop topics in your efforts to provide quality HIV education to your students?

	Very Important	Somewhat Important	Not at All Important
a. Knowledge about HIV and AIDS	()	()	()
b. Ways to discuss sensitive topics	()	()	()
c. How to teach skills to help students refrain from engaging in sexual intercourse	()	()	()
d. Ways to teach condom use	()	()	()
e. How to teach students to refrain from injecting drugs	()	()	()
f. Ways to deal with parental discom- fort	()	()	()
g. District policies related to HIV/AIDS	()	()	()

4. Which aspect of the staff development workshop was the *most* useful to you in providing HIV instruction to your students?

5. Which aspect of the staff development workshop was the *least* useful to you in providing HIV instruction to your students?

6. What additional topics should have been included in the staff development program?

7. What topics should have been treated more extensively in the staff development workshop?

8. What other comments do you have about changes needed in the staff development workshop?

Thank you for completing this survey.